

MIAMI-DADE FIRE RESCUE [MDFR] ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

hereby acknowledge that I have been provided with a copy of Miami-Dade Fire Rescue Department Notice of Privacy Practices on this date.	
PATIENT SIGNATURE	DATE
PRINT NAME OF PATIENT (Last, First)	ALARM NUMBER
CTDEET ADDDEES	
STREET ADDRESS	
CITY, STATE AND ZIP CODE	•